

ABSTRACT OF THE DISCLOSURE

An improved surgical port device includes a port body with a tubular section having a distal end. A flexible flange is disposed at the distal end. A retention member is slidably mated along the tubular section such that a distance between the retention member and the flexible flange can be adjusted. In this manner, the position of the retention member with respect to the flexible flange is adjustably fixed to clamp portions of a body wall disposed therebetween, thus effectively clamping the port body in place. The flexible flange has an adaptable diameter that is reduced when the port body passes through a narrow opening in the body wall. Preferably, the flexible flange has a conically-shape that butts up against the inner surface of the body wall during use to thereby provide a seal between the body wall and the frusto-conical flange. It may also have an annular projection that projects radially outward from the conical surface of the flange to provide a drip edge that directs fluids around its periphery and thus prevent fluids from flowing over the projection. This reduces the smearing of optical imaging devices that are disposed in the vicinity of the distal end of the device. The surgical port device of the present invention may also be operated to provide improved fields of view for such optical imaging devices.